Volenski, Dina

030119 Emma

From: Cantelme. Steve <cantelmes@sacoes.org>

Sent: Friday, March 01, 2019 8:26 AM To: 'cdunsmoor@buttecounty.net'

Cc: Cantelme. Steve

Subject: Sacramento County Reimbursement Docs for Butte Co. for Camp Fire 2018

Attachments: FEMA Forced Account Equipment Form 2015_pg 2.pdf; FEMA Force Labor Reimbursement Form 2015 - pg1.pdf; FEMA Forced Account Equipment Form 2015_pg 1.pdf; FEMA Force Labor Reimbursement Form 2015 - p2.pdf; Nspringer - pic sign in logs, etc.docx; 05 EMMA

Form 4 - Exit Survey (2) (5) n springer.doc; Re_Mutual Aid Request Extension for N.

Springer.pdf; Planning Chief Butte County emma request.pdf

Hi Cindi,

I attached the reimbursement docs for Nancy Springer (Sac Co. Code Enforcement Officer) who was deployed through EMMA to Butte County for the Camp Fire. I am waiting on just one more person's documentation from this OA (Janna Haynes, Sac Co PIO) that was deployed through the EMMA process to the Town of Paradise. She is on maternity leave but I hope to have her docs in hand by Monday. Please let me know if you need anything more from me. I will be your point of contact for Sacramento County.

Thanks,

Steve

Stephen Cantelme
Chief
Sacramento OES
(916) 806-6596
cantelmes@sacoes.org
SACRAMENTO

County of Sacramento Email Disclaimer: This email and any attachments thereto may contain private, confidential, and privileged material for the sole use of the intended recipient. Any review, copying, or distribution of this email (or any attachments thereto) by other than the County of Sacramento or the intended recipient is strictly prohibited. If you are not the intended recipient, please contact the sender immediately and permanently delete the original and any copies of this email and any attachments thereto.

TOTAL COST PERIOD COVERING 11.12.18 thru 11.17.18 an d11.19.18 thru 11.20.19 O.M.B. No. 1660-0017 Expires April 30, 2013 I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT. EQUIPMENT COSTS RATE TOTAL 2 2 DISASTER Camp Fire DATES AND HOURS USED EACH DAY P 2 PAGE PROJECT NO. 1120 CATEGORY 2 HOURS HOURS HOURS DATE HOURS HOURS HOURS HOURS HOURS DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY FORCE ACCOUNT EQUIPMENT SUMMARY RECORD Nancy Springer OPERATOR'S NAME **GRAND TOTAL** PA ID NO. drove my county truck form my home to the EOC each day that I worked. EQUIPMENT NUMBER 131-755 CODE INDICATE SIZE, CAPACITY, HOURSEPOWER, MAKE AND MODEL AS APPROPRIATE LOCATION/SITE Butte County EOC - Mira Loma rd - Oroville Ca DESCRIPTION OF WORK PERFORMED WORKED AS EOC Plans Intel Chief in BC EOC TYPE OF EQUIPMENT 2017 FORD F150 6 CYCLINDER 285 hp APLICANT Nancy Springer

CERTIFIED nancy Springer

DATE 02.28.19

TITLE Plans Intel Chief

Public reporting burden for this form is estimated to average 15 minutes response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing, reviewing, and submitting the form. You are not required to respond to this collection of information unless it displays a valid OMB control number. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing this burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC, 20472, Paperwork Reduction Project (1660-0017). **Please do not send your**

TOTAL Expires December 31, 2011 O.M.B. No. 1660-0017 TOTAL HOURLY RATE CERTIFY THAT THE INFORMATION ABOVE WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT. DATE 11.12.18 thru 11.20.18 PERIOD COVERING BENEFIT RATE/HR COSTS 8 DISASTER Camp Fire 9 HOURLY RATE ~ PAGE TOTAL 83 PROJECT NO. CATEGORY TOTAL COSTS FOR FORCE ACCOUNT LABOR REGULAR TIME TOTAL COST FOR FORCE ACCOUNT LABOR OVERTIME DATE |11.12.18 |11.13.18 |11.14.18 |11.15.18 |11.16.18 |11.17.18 13 DATES AND HOURS WORKED EACH WEEK 15 DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY FORCE ACCOUNT LABOR SUMMARY RECORD PAID NO. TITLE 12 13 12 Worked in EOC as Plans Intel Chief and assisted with Damage Assessment 15 REG. 0.1 REG. 0.T O.T. REG. REG. 0.T EOC Butte County - Mira Loma Dr. Oroville CA DESCRIPTION OF WORK PERFORMED LOCATION/SITE Nancy Springer Plans Intel Chief Nancy Springer APPLICANT JOB TITLE JOB TITLE JOB TITLE JOB TITLE JOB TITLE CERTIFIED NAME NAME NAME NAME

Public reporting burden for this form is estimated to average 30 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing, reviewing, and submitting the form. You are not required to respond to this collection of information unless it displays a valid OMB control number. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing this burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC, 20472, Paperwork Reduction Project (1660-0017). Submission of the form is required to obtain or retain benefits under the Public Assistance Program. Please do not send your completed form to the above address.

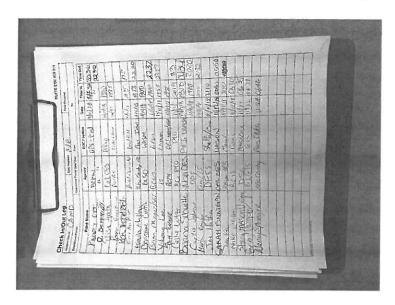
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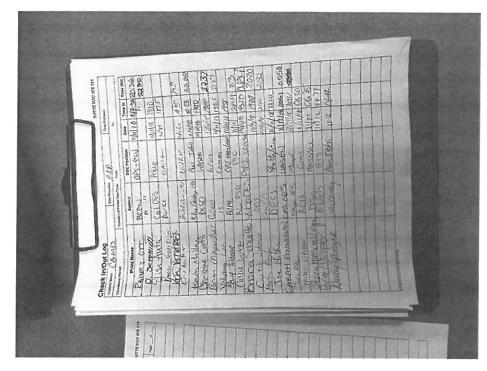
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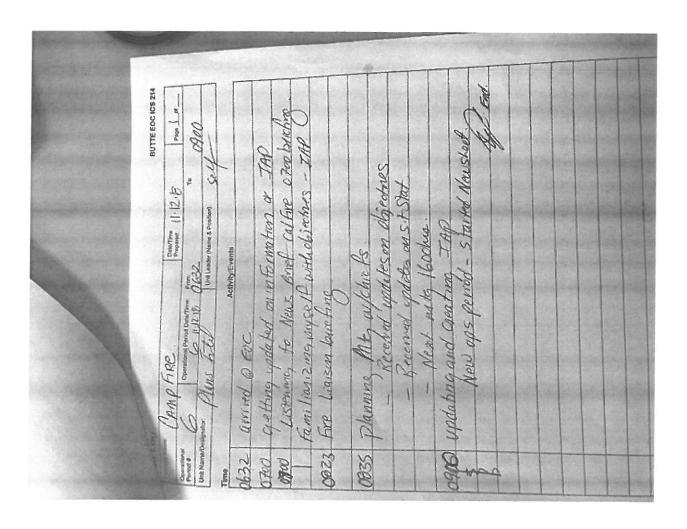
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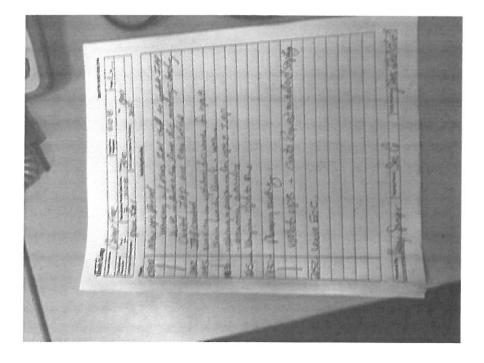
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EMMA FORM 4 - EXIT SURVEY

EMMA System Evaluation

The information collected in this survey will be used during the after action review process to identify opportunities to strengthen the overall EMMA Plan. Please complete this form and return it to your requesting EMMA Coordinator and leave a copy with your assignment supervisor prior to departure.

Assignment Information: Incident Name: Camp Fire Assignment Location (EOC, Composition/Task: Plans Intel Chief Shift (Day / Night): Day Assignment Dates: 11/12/2018 Number of Shifts (In days, do not in		c.): EOC		
 A. Mobilization Process: Alert Notification Recruitment Assignment Briefing Comments (Attach an addition 	☑ Excellent☑ Excellent☑ Excellentnal page if necess	Good Good Good ary):	☐ Poor ☐ Poor ☐ Poor	
 B. Assignment Support: Travel Arrangements EOC In-processing Deployment Support Kit SOPs/Forms Comments (Attach an addition 	Excellent Excellent Excellent Excellent Excellent al page if necess	☐ Good ☐ Good ☐ Good ☐ Good ary):	Poor Poor Poor Poor	□ N/A
 C. Demobilization Process: EOC Out-processing Personal Expense Reimbursement Post-Assignment Debriefing Overall Experience Comments (Attach an addition 	Excellent Excellent Excellent Excellent Excellent al page if necessa	☐ Good ☐ Good ☐ Good ary):	☐ Poor ☐ Poor ☐ Poor ☐ Poor	
D. General Comments/Suggesti Appreciate being able to help	ions			

(Rev. 2/27/13)

From:

Flynn. MaryJo

To: Cc:

Dunsmoor, Cindi

Hawkins. Matthew; Springer. Nancy; Cantelme. Steve; Ince. Roger

Subject: Date:

Re: Mutual Aid Request Extension for N. Springer Wednesday, November 14, 2018 2:53:32 PM

Thank you. We are in receipt of the request, and as long as she and her supervisor are in agreement, that should be fine.

Mary Jo Flynn, MS, CEM **Emergency Operations Coordinator** Sacramento County OES (916) 874-4671 - office (916) 508-5131 - cell Flynnm@sacoes.org 3720 Dudley Blvd., #122, McClellan, CA 95652

On Nov 14, 2018, at 2:45 PM, Dunsmoor, Cindi < CDunsmoor@buttecounty.net > wrote:

EXTERNAL EMAIL: If unknown sender, do not click links/attachments.

We'd like to extend Nancy Springer's services here in Butte County EOC Plans and Intel Chief position through to November 24, 2018. Please let me know if you need any additional information.

Thank you for your consideration,

Cindi

Cindi Dunsmoor

Emergency Services Officer

Butte County Office of Emergency Management

530.552.3333

Cell 530.624.4729



Incident: 2018-10-08 Camp Fire

Back

Add Response

Print PDF

EMMA Form 1A - EMMA RESOURCE REQUEST

TO BE COMPLETED BY REQUESTING JURISDICTION

Submit completed and signed form to next SEMS level EMMA Coordinator. A corresponding RIMS Mission Request must also be submitted in order for this request to be processed. If RIMS access is not available, the appropriate EMMA Coordinator may create the RIMS Mission Request on the requestor's behalf.

Request #: 3079

Incident Name: 2018 November Wildfires Request Date / Time: 11/11/2018 17:05:50

Approved Mission / Tracking

Requesting Jurisdiction Information

Requesting Jurisdiction Butte County

24 Hours Phone Number: 530-538-4309 EMMA Coordinator / Primary
Tamara Ingersoll Point of Contact:

Position / Title: Logistics

Phone: 530-538-4309

Alt Phone:

Fax:

E-Mail: eoclogs@buttecounty.net

Alternate Point of Contact: Debbie Heath

Position / Title: Logistics

Phone: 530-990-2130

Alt Phone:

Fax:

E-Mail:

Resource Requested

Position:

Planning Section Chief

Quantity:

Start Date/Time:

11/12/2018 17:08:28 11/15/2018 21:00:00

End Date/Time: Shift

Day

Security Clearance:

No

Tasks to be performed:

Maintaining current situation status and planning for future potential situations such as additional evacuations or

repopulation, etc.

Any special skills /

certifications / licenses /

No

credentials required?

EMMA resource needs to bring the following equipment (Laptop, vehicle, personal protective equipment, etc.):

All equipment provided. EMMA being ordered via Post-event MOU/MOA.

Check-in Location Information

Check-in Location Address: 205 Mira Loma Drive, Oroville, CA

Latitude / Longitude: 39.521275 / -121.551719

24 Hour Phone Number: 530-538-4309 Point of Contact Name: Debbie Heath Point of Contact Title: Logistics Cell Phone: 530-538-4309

Alt Phone:

E-Mail: eoclogs@buttecounty.net

Expected Working Conditions

Special health or environmental concerns in Smoke.

the assignment area? Hardship living conditions (Lack of power or potable water, etc.)?

Special housing / Requesting jurisdiction will not be providing lodging. Hotels are hard to find in the area. Try Redding or Sacramento for

transportation instructions: lodging.

Providing Jurisdiction Information

Edit Response

Providing Jurisdiction Name: Sacramento

24 Hour Phone Number: EMMA Coordinator /

PRIMARY Point of Contact Flynn, Mary Jo

Fax:

Name:

Sacramento - OP AREA -LOG Section Chief

Phone: 916-508-5131

Alt Phone:

Fax: Alternate Point of Contact

(Optional): Position / Title:

Position / Title:

Matthew Hawkins

Coordinator Phone: 916-545-4117

E-Mail:

E-Mail:

Alt Phone:

EMMA Resource Candidate ☑ This Candidate has been Accepted. Name: Nancy Springer Cell: 916-747-0038 Alt Phone: Available for the period specified in the corresponding E-Mail: EMMA Form 1A? Able to perform requested Yes Security Clearance (If applicable)? tasks? Has been made aware of the expected Yes Equipment needed for Yes deployment is available? working conditions? Experience / EOC Position Credentials: Special Skills / Certifications / Licenses: Originating Location (City Browns Valley, Yuba County and County): Estimated travel time to check-in location: Special accommodations required: **Emergency Contact Name:** Relationship: Cell Phone: Alt Phone: Additional Comments

Providing Jurisdiction Information Providing Jurisdiction Name: Santa Clara 24 Hour Phone Number: 408-299-2501 EMMA Coordinator / PRIMARY Point of Contact Jay McAmis Name: Santa Clara - OP AREA -Position / Title: Phone: Office (408) 808-7803 Alt Phone: LOG Personnel Fax: E-Mail: jay.mcamis@oes.sccgov.org Alternate Point of Contact (Optional): Position / Title: Phone: Alt Phone: Fax E-Mail: EMMA Resource Candidate Name: Vlad Ibarra Cell: 408-823-5005 Alt Phone: Available for the period specified in the corresponding E-Mail: EMMA Form 1A? Able to perform requested Yes Security Clearance (If applicable)? tasks? Equipment needed for Has been made aware of the expected Yes deployment is available? working conditions? Experience / EOC Position Credentials: Special Skills / Certifications / Licenses: Originating Location (City Campbell, CA, Santa Clara County and County): Estimated travel time to Three hours

Cell Phone:

Back

Alt Phone:

Originated by: tingersoll@buttecounty.net as Butte - OP AREA - LOG Section Chief

N/A

Originated date: 11/11/2018 17:05:35

check-in location: Special accommodations

Emergency Contact Name:

Additional Comments

required:

Relationship:

Last Edited by: tingersoll@buttecounty.net as Butte - OP AREA - LOG Section Chief

Last Edited date: 11/11/2018 19:16:42